



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN - 2 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

DHSS STATE HEALTH

INTOXILYZER 5000 SN

60-002851

DATE OF INSPECTION

5-23-09

LOCATION OF INSTRUMENT (STREET AND CITY)

6404 N Locust Oakview MO

TIME OF INSPECTION

0145

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) 353

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

☒ CHARACTER DISPLAY TEST OK

☒ PRINT TEST (PRINTOUT ATTACHED)

☒ TIME AND DATE OK

☒ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ .096

TEST 2 ☒ .097

TEST 3 ☒ .096

☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0°C

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 0

0-.04 1

.05-.09 0

.10-.14 1

.15-.19 0

Over .19 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument meets DoH Standards.

Simulator: Guth Labs Model 10-4D S/N: SD1203

Supplier: Guth / Lot # 08340 / Conc: 0.10% / Expires: 10-15-09

INSPECTING OFFICER

SIGNATURE

Sgt Michael Fryer

PRINT NAME

Michael Fryer

TYPE II PERMIT NUMBER/EXPIRATION DATE

720217 / 10-25-09

TELEPHONE NUMBER

816-436-9150



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-002851
E735.23
INVALID TEST
INHIBITED - RFI

05/23/2009
02:31

OAKVIEW POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002851
05/23/2009

TEST	%BAC	TIME
AIR BLANK	.000	02:26
CAL. CHECK	.096	02:26
AIR BLANK	.000	02:27
CAL. CHECK	.097	02:27
AIR BLANK	.000	02:27
CAL. CHECK	.096	02:28
AIR BLANK	.000	02:28

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

maint

SN 66-002851
E735.23

05/23/2009
02:06

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ012345678910#abcde

OAKVIEW POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002851
05/23/2009

DIAGNOSTIC TEST 02:05

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

monthly maint

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MICHAEL FRYER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/25/07
Number 720217
Expires 10/25/2009

Eric C. Dolan
Director of State Public Health Laboratory

[Signature]

Director, Department of Health